

AMENDED IN SENATE MAY 29, 1996

AMENDED IN SENATE MAY 14, 1996

SENATE BILL

No. 2005

Introduced by Senator Thompson

February 23, 1996

An act to amend Sections 105325, 105330, and 105335 of the Health and Safety Code, relating to communicable disease, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

SB 2005, as amended, M. Thompson. Communicable disease.

Existing law sets forth legislative findings and declarations with regard to the exposure of California health care workers and professionals to risks of infection from deadly, bloodborne diseases and states the intent of the Legislature to reduce this exposure. Existing law requires the program on occupational health and occupational disease prevention of the State Department of Health Services to, among other things, review and analyze existing studies, data, and other information on safety-enhanced product design of medical devices that place health care workers at risk of exposure to bloodborne diseases in coordination with the Division of Occupational Safety and Health of the Department of Industrial Relations. Existing law requires the department, to the extent funding is available, to conduct demonstration projects to test the use of safety enhanced medical devices at health facilities that volunteer to participate in the projects.

This bill would revise the findings and declarations, and the statement of intent of the Legislature. The bill would add the following activities to those that the department is required to perform for purposes of these provisions: convene an advisory committee with 10 members as prescribed to assist the department in implementing these provisions, develop user-based performance standards to evaluate medical devices, implement a statewide sharps exposure surveillance system, and at least annually, disseminate to specified facilities and agencies a summary of the data collected from the sharps exposure surveillance system and demonstration sites.

Existing law provides that the duties required by these provisions shall be performed to the extent the department obtains funds from private sources and the federal government.

This bill, instead, would appropriate \$145,000 from the General Fund to the department for purposes of the program on occupational health and occupational disease prevention to perform the duties required by those provisions. The bill would authorize the program to solicit and accept grant funding from public and private sources to supplement state funds.

Vote: $\frac{2}{3}$. Appropriation: yes. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 105325 of the Health and Safety
2 Code is amended to read:
3 105325. The Legislature hereby finds and declares all
4 of the following:
5 (a) In California, more than 700,000 health care
6 workers and professionals, such as nurses, physicians and
7 surgeons and housekeeping staff, daily put their lives at
8 risk of infection from deadly, bloodborne diseases in order
9 to provide health care for all Californians.
10 (b) Contaminated needlestick and other sharp
11 instrument injuries threaten the well-being of medical
12 professionals and cost health care providers millions of
13 dollars annually.



1 (c) An estimated 800,000 needlestick and other sharp
2 injuries from contaminated medical devices occur in
3 health care settings each year. However, due to
4 underreporting of these injuries, this estimate may be
5 higher by as much as 20 to 50 percent.

6 (d) Health care workers in California are at high risk
7 of infection from bloodborne pathogens, including
8 Hepatitis B, Hepatitis C, and Human Immunodeficiency
9 Virus (HIV), the causative agent of Acquired
10 Immunodeficiency Syndrome (AIDS).

11 (e) Nationwide, approximately 4,500 health care
12 personnel are infected with Hepatitis B per year as a
13 result of occupational exposure. The number of health
14 care personnel infected has been reduced but not
15 eliminated with the use of the Hepatitis B vaccine.

16 (f) As of December 1994, 42 cases of occupational
17 exposure to HIV have been conclusively documented by
18 the federal Centers for Disease Control and studies
19 estimate that it is likely that several hundred health care
20 workers nationwide have been infected with HIV on the
21 job.

22 (g) Some bloodborne diseases, including infection
23 with HIV, can be prevented only through avoiding
24 exposure to the pathogen.

25 (h) While most health care employers have
26 implemented rigorous, universal infection control
27 procedures, requiring gloving and other protective
28 equipment, exposure to bloodborne diseases continues to
29 be a major risk for health care workers.

30 (i) As the federal Occupational Safety and Health
31 Administration has noted, gloving and other protective
32 devices cannot prevent puncture injuries from needles
33 and other sharp instruments.

34 (j) Medical devices, such as needles and intravenous
35 tubing, are reviewed by the federal Food and Drug
36 Administration for patient safety and efficacy but are not
37 reviewed by any state or federal agency for worker safety.

38 (k) It is estimated that improved product design of
39 medical devices, such as needles, syringes, connectors for
40 intravenous tubes, and vacuum tubes used to draw blood

1 could reduce injuries involving exposure to blood by as
2 much as 85 percent.

3 (l) Statewide mechanisms are needed for the
4 collection and dissemination of information to guide
5 institutions in deciding from among the many product
6 options and determining the most appropriate protective
7 devices for their situation.

8 (m) The development of standardized user-based
9 performance standards will allow health facilities to
10 better evaluate safer devices and permit better
11 comparisons across institutions.

12 (n) Improvements in device and procedure-specific
13 injury surveillance and information dissemination may
14 increase market pressure to further improve medical
15 device product design and enhance product evaluation.

16 (o) Potential savings to the health care system from
17 preventing exposure to bloodborne pathogens include
18 reduced cost of followup procedures which occur
19 following a sharps injury, such as source and employee
20 testing, counseling, and prophylactic treatment. In
21 addition, costs related to lost work time, personnel,
22 insurance, possible legal problems, and workers
23 compensation could be diminished.

24 SEC. 2. Section 105330 of the Health and Safety Code
25 is amended to read:

26 105330. It is the intent of the Legislature in enacting
27 this chapter to reduce exposure of health care personnel
28 to deadly, bloodborne diseases by encouraging the
29 development and use of medical devices that are
30 designed to assure worker safety, the safety of patients,
31 and the efficacy of the device.

32 SEC. 3. Section 105335 of the Health and Safety Code
33 is amended to read:

34 105335. (a) The program on occupational health and
35 occupational disease prevention of the department shall
36 do all of the following:

37 (1) In coordination with the Division of Occupational
38 Safety and Health of the Department of Industrial
39 Relations, review and analyze existing studies, data, and
40 other information on safety-enhanced product design of

1 medical devices that place health care workers at risk of
2 exposure to bloodborne diseases including, but not
3 limited to, syringes and intravenous tubing that have
4 sharp points.

5 (2) Collect and evaluate information from health
6 facilities that are using medical devices that have been
7 redesigned to enhance worker safety.

8 (3) Convene an advisory committee with 10 members
9 representing government agencies, health care
10 employers, health care employees' labor organizations or
11 associations, recognized researchers in this field, and line
12 health care workers. The advisory committee shall
13 comply with the following procedures and requirements.

14 (A) The advisory committee shall meet at least
15 quarterly.

16 (B) The advisory committee members shall receive no
17 compensation, but shall be reimbursed for actual and
18 necessary expenses incurred in the performance of their
19 duties.

20 (C) The advisory committee shall assist the
21 department in implementing this section including, but
22 not limited to, the development of user-based
23 performance standards and the issuance of safety
24 advisories.

25 (4) Develop user-based performance standards, a
26 standardized tool to be used by demonstration project
27 participants and other health facilities, to evaluate
28 medical devices.

29 (5) To the extent that funding is available, conduct
30 demonstration projects to test the use of safety enhanced
31 medical devices at health facilities that volunteer to
32 participate in these projects.

33 (6) Implement a statewide sharps exposure
34 surveillance system, such as the Exposure Prevention
35 Information Network, that shall include, but not be
36 limited to, device and procedure-specific incidence of
37 needlestick and other sharps injuries.

38 (A) The surveillance system shall be phased in,
39 contingent upon available funding, to eventually include

1 all licensed health facilities and licensed home health care
2 agencies.

3 (B) Licensed health facilities and licensed home
4 health care agencies that do not have the technical
5 capability to implement a computerized surveillance
6 system shall be given a manual option for reporting the
7 data required by the surveillance system.

8 (7) At least annually, the program shall disseminate a
9 summary of the data collected from the sharps exposure
10 surveillance system and demonstration sites, the
11 activities of the advisory committee, and other
12 information deemed appropriate. This summary shall be
13 distributed to all licensed health facilities, licensed home
14 health care agencies, the Division of Occupational Safety
15 and Health of the Department of Industrial Relations,
16 and otherwise made available upon request.

17 (8) Report to the Legislature and the Department of
18 Industrial Relations its findings regarding the use of
19 safety-enhanced product design for medical devices.
20 These findings shall include analysis and
21 recommendations regarding projected cost savings to
22 health facilities, actual improvement in worker safety,
23 and continued patient safety and efficacy.

24 (b) The program may solicit and accept grant funding
25 from public and private sources to supplement state
26 funds.

27 SEC. 4. The sum of one hundred forty-five thousand
28 dollars (\$145,000) is appropriated from the General Fund
29 to the State Department of Health Services for purposes
30 of the program on occupational health and occupational
31 disease prevention to perform the duties required by
32 Section 105335 of the Health and Safety Code. *It is the*
33 *intent of the Legislature that annual state support for*
34 *purposes of this section not exceed this amount.*